

Staff use: Date received _____

Staff initials _____



Bozeman Public Library Teen Advisory Group (TAG) Application

Please return your completed application to the Children's Desk

Date of Application: _____ Name: _____

Address: _____

Phone: _____ Grade: _____ Age: _____

Email Address: _____

Food Allergies: _____

Parent/Guardian Name: _____ Emergency Contact: _____

Days and Times of the week you are usually available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Please Answer the Following Questions:

Why do you want to be a TAG member?

What skills or experiences will you bring to TAG?

How will you promote teen programs and services at the library?

1. Do you have any special skills or interests such as photography, film, knitting, sewing, music, computer coding, robotics etc. that you can teach to others?

Please check all that interest you: *(Mark the circle next to each special project with which you would be willing to help.)*

- Mentor and/or tutor other teens
- Help the library plan teen programs special events for teens
- Contribute ideas to improve the Teen Corner
- Volunteer to help at special events and programs for teens, including set up and clean up
- Make use of volunteer opportunities such as re-shelving books, creating book displays, and helping out in the Teen Area or other areas of the library
- Lead a workshop or program

Thank you for your interest in the Bozeman Public Library TAG.



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